

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
--------------------------	--	--------------------------

Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.085, DCF 260.04(2)(l) and (3)(d), DCF 251.04(2)(L) and (3)(f), DCF 252.41(1)(L) and (2)(k). Failure to submit an appropriate correction plan by the due date listed above may result in sanctions identified in the statute and / or administrative rule. Public Schools may submit plans of correction however are not required to do so.

Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Identify expected completion date(s) for each item. Return the original to your certification / licensing specialist for approval and retain a copy. If this is a licensed child care, post your copy of the noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.657. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.715. If the department decides to apply a statutory sanction and / or penalty for facts arising from this finding or a future finding, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center Redmond's Childcare	Provider Number / Facility ID Number 4000690814 / 001
--	--

Address - Facility (Street, City, State, Zip Code) 1764 Orchard St Racine WI 534063721	Telephone Number 262-466-1643	Date - Regulation Visit 6/14/2024
---	----------------------------------	--------------------------------------

#	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>202.08(12)(f)1-4 Prior To A Child's First Day Of Attendance For Any Child In Care, Obtaining Information On A Form Prescribed By The Department With Enrollment And Health History Information, Including All Of The Following:</p> <ol style="list-style-type: none"> 1. The Parents' Home And Work Phone Numbers. 2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan. 3. The Parents' Signed Consent For Emergency Medical Care. 4. A Name And Number To Call If The Child Requires Emergency Medical Care. <p>Description: Child 1-5 were missing enrollment & health history forms. Child 4 & 5 did not have first days of attendance.</p>	<p><i>Children 1-5 Health History & Enrollment Plans Will Be Completed</i></p> <p><i>4 & 5 first day of attendance complete</i></p>	<p><i>June 28 2024</i></p> <p><i>June 17-24</i></p>	<p><i>6-17-24</i></p> <p><i>June 17-24</i></p>

Name - Certified Operator / Licensed Center

Redmond's Childcare

Provider Number / Facility ID Number

4000590814 / 001

Address - Facility (Street, City, State, Zip Code)

1754 Orchard St Racine WI 534053721

Telephone Number

262-456-1643

Date - Regulation Visit

6/14/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	<p>202.08(2)(e) The Indoor And Outdoor Areas Of The Home Shall Be Free Of Hazards, Potentially Dangerous Items And Materials Harmful To Children, Including Power Tools, Flammable Or Combustible Materials, Insecticides, Matches, Drugs And Any Articles Labeled Hazardous To Children Shall Be In Properly Marked Containers And Stored In Areas Inaccessible To Children.</p> <p>Description: Parts of the backyard need to be restricted due to hazardous materials. Provider needs to remove plants from children's reach in areas used for care.</p>	<p>Back yard will have a barrier or gate for area All plants are removed from premises</p>	<p>6-18-24 6-17-24</p>	<p>6-17-24 6-17-24</p>
3	<p>202.08(4m)(a)1.a-c An Operator's Emergency Plan Shall Include Procedures For All Of The Following: A. Evacuation, Relocation, Shelter-In-Place, And Lock-Down, B. Communication And Reunification With Families, C. Ensuring That The Needs Of All Children Are Met, Including Children Under 2 Years Of Age, Children With Disabilities, And Children With Chronic Medical Conditions.</p> <p>Description: Provider did not have an emergency plan.</p>	<p>Emergency Plan will be completed</p>	<p>6-28-24</p>	<p>6-17-24</p>

NAME - Agency Worker

Magregor Mianeck-Saylor, Semaja McClain

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Jane Redmond

Date Signed

6-17-2024